

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM FD-679)							SERIAL NO.	FILING DATE					
							APPLICANT'S						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.							WFO.
1							61						
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46													
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48													
49													
50													
TOTAL	4						TOTAL						
TOTAL	21						TOTAL						
TOTAL	25						TOTAL						